

ORIGINAL

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

FILED

MAR 18 2019 *pb*

ERNIE LEE CALBART,  
Plaintiff,

MDL No. 2272

v.

Master Docket Case No.  
1:11-cv-05468

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

IN RE: ZIMMER NEXGEN KNEE  
IMPLANT PRODUCTS LIABILITY  
LITIGATION,  
Defendant.

Honorable Rebecca Pallmeyer

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REQUEST EXTENSION OF TIME TO RESPOND TO DISCOVERY  
UNDER Fed. Civ. R. P. 26(a)(2)

---

COMES NOW Ernie L. Calbart, pro-se, respectfully request a  
extension of time, or continuance under the federal civil rules,  
procedures and for good cause shown, plaintiff therefore state:

A.) Plaintiff is apart of the above class action under case no.

1:16-cv-05460.

B.) Plaintiff is a [prisoner] who resides at Sterling Correction  
Facility P.O. Box 6000, Sterling Colorado.

C.) Plaintiff is a United States Military Veteran who has two of  
Zimmer Nexgen Implants in his body, his reason for an  
extenison, or continuance is set out in plaintiffs Sworn  
Declaration, Under The Penalties of Perjury.

D.) Plaintiff request an extension, or continuance from: \_\_\_\_\_  
March 11, 2019 to June 11, 2019.

E.) The total number of exetensions, or continuances granted by  
by this court is one so that that plaintiff could retain

pro bono counsel.

F.) Plaintiff is a layman of the law, the unartful draft of this pleading should be scrutinize in a less rigorous standard than the formal pleading prepared by a professional lawyer.

G.) Plaintiff exercise, invoke the MAILBOX RULE, by logging this extension of time in the prison mailing system.

WHEREFORE plaintiff respectfully request that the above court issue a ORDER extending the time so that plaintiff could comply with DISCOVERY REQUEST under Fed. Civ. R. P. 26(a)(2).



Plaintiff Ernie L. Calrart No. 85180  
Sterling Correctional Facility  
P.O. Box 6000  
Sterling, Colorado 80751-6000

-----  
CERTIFICATE OF MAILING  
-----

I Certify that on: 6 day of March 2019, a true, correct copy of Extension of Time to Respond to Discovery, was placed in the U.S. Mail system, with prepaid postage, sent to:

Clerk of United States District Court  
219 South Dearborn Street  
Chicago, Illinois 60604

Defendants Counsel:  
Peter A. Meyer (Ind. State Bar #27968-53)  
James Stephen Bennett (Ill. State Bar #6226615)  
110 West Berry Street, Suit 2400  
Fort Wayne, Indiana 46802-2322  
Telephone: (260) 424-8000

CC: ELC

DECLARATION UNDER PENALTY OF PERJURY

Ernie L. Calbart, being of lawful age and pursuant to  
(declarant)  
28 U.S.C. 1746 & 18 U.S.C. 1621, deposes and state that:

- 1.) The information stated within plaintiffs request for an extension of time to respond to discovery is true and correct.
- 2.) Plaintiff placed a correct copy of request for extension of time in the U.S. Mail system, sent to the defendants attorneys Peter A. Meyer #No. 27968-53 and James S. Bennett No.# 6226615.
- 3.) Plaintiff is presently waiting on Dr. Hammerberg report, from Denver Health, the review of plaintiff's Bone and CT scan so that plaintiff can forward the results to this court, the defendants attorneys.
- 4.) Plaintiff is also waiting any day now for medical records from Sterling Correction Facility Medical Department, and orth. appointment on 12-6-18 .
- 5.) Plaintiff last reason for delay is that plaintiff is a prisoner at the Sterling Correction Facility, the court might be able to speed up the process if it issues a court order or request that the Denver District Court within Colorado federal jurisdiction issue the order on the behalf of the Illinois District. Plaintiff is determine in complying with the courts request of these records.

Under sound mind, I declare, (or certify, verify, or state) under the penalty of perjury, the \*[Laws of the United States of America], that the above, foregoing information within this declaration is true and correct. The above federal statutes and UNITED STATES SUPREMACY CLAUSE, pursuant to U.S. Const. art. VI, Cl.2 and supersedes state law, its jurisdiction.  
\*McWilliams v. S.E., Inc., 581 F.supp.2d 885, 887-88 (N.D. Ohio 2008)

Executed on: 3/6/19

(Date)



(Signature of Declarant)



Ernie Calbart, DOC #85180  
Sterling Correctional Facility  
12101 Hwy 61  
Sterling, CO 80751



PATRICK J. MULLIGAN  
MARSHALL C. BREIT  
LUKE W. MCCONNELL

February 27, 2019

Ernie Calbart, DOC #85180  
Sterling Correctional Facility  
12101 Hwy 61  
Sterling, CO 80751

*Re: Your letter from 2/17/19*

Mr. Calbart,

Thank you for your letter about the ongoing case regarding your knee implants. I've enclosed a copy here. Unfortunately, I am unable to undertake representation of you as proposed in the letter at this time. I wish you the best of luck moving forward and I hope that you are getting the medical care that you need.

Sincerely,

A handwritten signature in black ink, appearing to read 'Luke W. McConnell', is written over the typed name.

Luke W. McConnell



1:11-CV-05468

Calbart V. Zimmer Inc

2/17/19

MR LUKE

My name is Ernie Calbart 85180  
Inmate in Colo Dept of Correction  
AT Sterling. you was my lawyer  
in Calbart-V. Kautz case no 1:15-CV-02220

I'm writing to you about being my lawyer  
in Calbart-V. Zimmer Inc Kneeparts  
Implants case no 1:11-CV-05468

I receive a letter from Zimmer Lawyers.  
Notice of Intent to Consummate  
Global settlement and ID of non-  
participating plaintiffs.

They asking for a Rule 26(a)(2) expert  
Reports. MR LUKE I cant get one being in  
prison all I got is my last Medical  
Appt AT Denver Health Orth Dept statements  
that DR's said that they need to remove  
this implants from both knees.

Please write me back I have 60 days from  
2/17/19 to respond to Zimmer's Inc.

Ernie Calbart 85180

P.O Box 6000

Sterling CO 80751 cc 2/17/19

Case No. 1:11-cv-05468  
 Calbart, Ernie Lee  
 Denver Health Hospital  
 Authority

Calbart, Ernie Lee  
 MRN: 0112247  
 Enc Date 12/6/2018

Do you have a question about this report?

Ask a Question

# Calbart, Ernie Lee

MRN: 0112247

Office Visit 12/6/2018

DH PAV B CCMF OP

Provider: Timothy G Russell, PA (Orthopedic Surgery)

Primary diagnosis: Pain in both knees, unspecified chronicity

Reason for Visit: Follow-up

## Progress Notes

### Progress Notes by Timothy G Russell, PA at 12/6/2018 1:00 PM

Author: Timothy G Russell, Author Physician Assistant Filed: 12/6/2018 3:04 PM

PA

Type:

Note Signed

Cosign: Cosign Not Required Encounter 12/6/2018

Status:

Date:

Editor: Timothy G Russell, PA (Physician Assistant)

#### Chief Complaint

Patient presents with

- Follow-up

*Pt c/o bilat knee pain*

**Knee Pain:** Patient complains of bilateral knee pain. Well known to our clinic in CCMF.

History of bilateral total knee replacements with left done in 2012, and right done in 2013 here at Denver Health by Dr Hammerberg. He had subsequent manipulations done after each of those surgeries because he struggled with ROM after the TKAs. The pain began several years ago. Pain in the left is worse than the right.

He wears ace wraps around the knees and uses a walker.

He has been worked up for infection process in the past and it has been negative.

He is not able to walk very far due to pain and feeling of instability. His knees buckle on him.

Pain is throughout both knees but more in the left and he feels he cannot handle the pain anymore. He has always and continues to struggle a lot with ROM. He describes the symptoms as aching and throbbing.

Symptoms improve with rest sitting, rest lying down, avoiding painful activities. The symptoms are worse with activity. The knee has given out or felt unstable.

Treatment to date has been ice, heat, Tylenol, NSAID's, norco, robaxin, tegretol, neurontin, injections knee sleeve/brace, without significant relief. He reports no warmth of the knees, no fevers or chills.

A year ago he was put on keppra for pain and says this doesn't help And just makes him very drowsy. He is very frustrated and wants "to get these knees taken out and new ones put in"

#### No past medical history on file.

#### Current Outpatient Medications:

- acetaminophen (TYLENOL) 500 MG tablet, Take 2 tablets by mouth 2 (two) times a day as needed., Disp: , Rfl:
- amLODIPine (NORVASC) 10mg tablet, Take 10 mg by mouth once daily., Disp: , Rfl:
- aspirin EC (ASPIR-LOW) 81 MG oral tablet, Take 1 tablet by mouth once daily., Disp: , Rfl:
- calcium citrate/vitamin D3 (CITRACAL + D ORAL), Take 1 tablet by mouth 2 (two) times a day., Disp: , Rfl:

- doxepin (SINEquan) 25 MG capsule, Take 25 mg by mouth at bedtime., Disp: , Rfl:
- fluticasone (FLONASE) 50 mcg/actuation nasal spray, Use 2 sprays into each nostril one time daily as needed., Disp: , Rfl:
- losartan (COZAAR) 25 MG tablet, Take 25 mg by mouth 2 (two) times a day., Disp: , Rfl:
- triamcinolone (KENALOG) 0.1 % cream, Apply 1 application topically 2 (two) times a day., Disp: , Rfl:
- venlafaxine (EFFEXOR) 75 MG tablet, Take 75 mg by mouth every morning., Disp: , Rfl:
- venlafaxine XR (EFFEXOR-XR) 150 MG 24 hr capsule, Take 150 mg by mouth once daily., Disp: , Rfl:
- levETIRAcetam (KEPPRA) 750 MG tablet, Take 2 tablets by mouth 2 (two) times a day., Disp: , Rfl:
- metFORMIN (GLUCOPHAGE) 500mg tablet, Take 2 tablets by mouth 2 (two) times a day., Disp: , Rfl:

**Past Surgical History:**

Surgical History

No past surgical history on file.

**Family History:** Denies history of bleeding or clotting problems. Denies problems with anesthesia.

**Social History:**

Social History

Social History

Social History

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol use: Not on file
- Drug use: Unknown
- Sexual activity: Not on file

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

**Review of Systems**

All other systems reviewed and are negative.

**Allergies**

Allergen

Reactions

- Lisinopril
- Naproxen



- Promethazine
- Sulfamethoxazole

CALBART V. ZIMMER INC

**Physical Exam:****Vitals:**

12/06/18 1328  
BP: (!) 151/101  
Pulse: 70  
Resp: 20  
Temp: 36.4 °C (97.5 °F)  
SpO2: 100%

Constitutional: Well-developed, well-nourished, and in no distress. Sitting in wheelchair comfortably today  
Head: Normocephalic and atraumatic.  
Eyes: Conjunctivae are normal.  
Cardiovascular: Intact distal pulses.  
Pulmonary/Chest: Effort normal.  
Skin: Skin is warm and dry. No rash noted. No erythema.  
Psychiatric: Affect normal.

**Right Knee Exam****Tenderness**

The patient is experiencing tenderness in the medial joint line and lateral joint line.

**Range of Motion**

Extension: 10  
Flexion: 90

**Tests**

McMurray: Medial - negative Lateral - negative  
Varus: negative  
Valgus: negative

**Other**

Erythema: absent  
Scars: present  
Sensation: normal  
Pulse: present  
Swelling: mild  
Other tests: no effusion present

Comments: Knees feel stable on exam

**Left Knee Exam****Tenderness**

The patient is experiencing tenderness in the lateral joint line and medial joint line.

**Range of Motion**

Extension: 5  
Flexion: 90

**Tests**

McMurray: Medial - negative Lateral - negative

Increased laxity to varus and valgus stress at extension

#### Other

Erythema: absent  
Scars: present  
Sensation: normal  
Pulse: present  
Swelling: mild  
Effusion: no effusion present

#### Recent Imaging:

Imaging: On lateral view there is some lucency on the right knee around femoral component, Hip X-rays are normal

#### 3 phase bone scan:

Delayed phase increased uptake around the right knee prosthesis components most evident around the femoral component. This would be consistent with resorptive change and some degree of prosthesis loosening.

Of note, however, there is increased activity in all 3 phases in the region of the medial left tibial plateau. This should be assessed for a reactive process and consideration could be made to further imaging by CT with metal artifact reduction. This could indicate a stress fracture or potentially a focal inflammatory process.

#### Left knee CT:

1. Focal lucency and coarsening of the trabecular pattern posterior medial proximal tibia adjacent to the tibial component as described above concerning for focal loosening of the tibial component.
2. Medially diverting trans epicondylar axis 6 degrees consistent with some external rotation of the femoral component.

**Assessment:** Bilateral total knee pain, left worse than right

#### Plan:

1. Reviewed treatment options and imaging today in the clinic with the patient. Physical exam and x-rays are reviewed and discussed with the patient.. Patient has tried conservative treatment in the form of injections and/or therapy. He uses knee braces, a walker and continues to have very limiting pain.

There is some questionable lucency around the femoral component on the right knee. He is very limited with activity due to his pain.

Previous workup in the past for infection was negative The knees are not warm and he has no systemic signs of infection.

He wants to "get these knees taken out and get new ones put in"

Discussed with him the magnitude of arthroplasty knee revision surgery and he said he will do whatever it takes even if risking increased pain. This pain also could be pain associated with lack of ROM and possibly some to do with the lucency.

Given new bilateral knee braces today to help with pain and stability

2. Tylenol/ibuprofen for pain. Recommend discontinuing the Keppra if in fact it is being used for for pain control. He does not tolerate well and not recommended for knee pain that he is having

3. Patient is given the opportunity to voice concerns and ask questions, and all are answered to their satisfaction.

4. **Follow-Up:** TBD after discussion with Dr Iams

Should inmate be released prior to next appointment, they may call 303-602-1590 or present to the orthopedic outpatient clinic to schedule an appointment.

Author: Crista Santos, HCP Author Health Care Partner Filed: 12/6/2018 2:45 PM  
 Note Signed Cosign: Cosign Not Required Encounter 12/6/2018  
 Status: Date:  
 Editor: Crista Santos, HCP (Health Care Partner)  
 Procedure Orders:  
 1. Orthopedic Injury Treatment [41776201] ordered by Crista Santos, HCP at 12/06/18 1443  
 Post-procedure Diagnoses  
 1. Pain in both knees, unspecified chronicity [M25.561, M25.562]  
**Orthopedic Injury Treatment**  
 Performed by: **Crista Santos, HCP**  
 Authorized by: **Timothy G Russell, PA**

#### Consent:

Consent obtained: **Verbal**

Consent given by: **Patient**

Risks & Benefits: **Risks, benefits and alternatives discussed. See consent form for details**

#### Universal protocol:

Procedure explained and questions answered to patient or proxy's satisfaction: **Yes**

Site/side marked: **Yes**

Immediately prior to procedure, a time out was called: **Yes**

Patient identity confirmed with two patient identifiers: **Yes**

#### Injury:

Injury location: **Knee**

Knee injury location: **L knee (Bilateral knee)**

#### Procedure details:

Immobilization: **Brace (L'Timate Knee Wrap Universal X2 (for both right and left knee))**

#### Post-procedure assessment:

Patient tolerance of procedure: **Tolerated well, no immediate complications**

## Instructions

**Assessment:** Bilateral total knee pain, left worse than right

#### Plan:

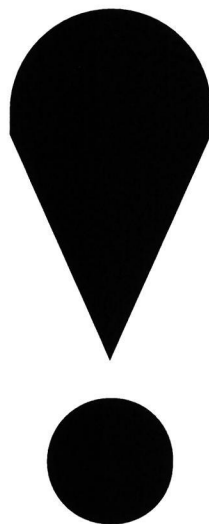
1. Reviewed treatment options and imaging today in the clinic with the patient. Physical exam and x-rays are reviewed and discussed with the patient.. Patient has tried conservative treatment in the form of injections

After Visit Summary - CCMF (Printed 12/6/2018)

## Additional Documentation

Vitals:





151/101

(BP Location: Right arm, BP Position: Sitting)

Pulse 70

Temp 36.4 °C (97.5 °F) (Oral) Resp 20 Ht 5' 9" Wt 93 kg SpO2 100% BMI 30.27 kg/m<sup>2</sup>  
BSA 2.13 m<sup>2</sup>

Flowsheets: Vitals Reassessment

Encounter Info: Billing Info, History, Allergies, Detailed Report, Detailed Substance Use History,  
DH AMB Social and Smoking History Report, Reviewed this Encounter

## All Flowsheet Templates (all recorded)

Custom Formula Data

Encounter Vitals

Vitals Reassessment

## Orders Placed

🦿 Orthopedic Injury Treatment

## Medication Changes

Δ doxepin HCl

✗ ~~10 mg oral At Bedtime~~ (Therapy completed)

➡ 25 mg oral At Bedtime

✗ ~~calcium carbonate/vitamin D3 1250 mg (500 mg elemental calcium) 1 tablet oral 2 times daily with~~

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~~meals~~ (Therapy completed)

- ✕ ~~lamotrigine 150 mg oral Daily, 2 tabs by mouth twice daily~~ (Therapy completed)
- ✕ ~~phenytoin sodium extended 100 MG 3 capsules oral At Bedtime~~ (Therapy completed)

## Visit Diagnoses

- ◆ Pain in both knees, unspecified chronicity

**Banner Health**

STERLING REGIONAL MEDCENTER

615 Fairhurst Street

Sterling, CO 80751-4523

Admitting Physician: PHYSICIAN DO, X

Ordering Physician: REICHERT, BRYAN KENT

Consulting Physician:

**CALBART, ERNIE**

MR#: 68753

DOB: 10/7/1962 Sex: Male

Admit Date: 12/29/2017

FIN: 48226278

Patient Type: Outpatient

Location: 72 CAT

Copy to Physician: REICHERT, BRYAN KENT

**COMPUTED TOMOGRAPHY**

CT Lower Extremity W/+W/O Lt

Exam Date/Time  
12/29/2017 13:16 MSTAccession Number  
72-CT-17-0004468**Reason For Exam**

(CT Lower Extremity W/+W/O Lt) chronic left knee pain; ? hardware loosening

**Report:**

EXAMINATION: CT SCAN LEFT KNEE WITH IV CONTRAST 12/29/2017

COMPARISON: None

CLINICAL SUMMARY: Chronic left knee pain in a patient postoperative left knee arthroplasty. Evaluate for loosening.

TECHNIQUE: Routine CT scan left knee with 75 mL Isovue-370 injected with multiplanar 2-D reconstructions. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and or use of iterative reconstruction.

**FINDINGS:**

Postoperative left total knee arthroplasty. There is focal lucency and coarsening of the trabecular pattern of the posterior medial proximal tibia with short segment bone-prosthesis lucency along the posterior medial joint line of 2.6 mm. No generalized lucency between the tibial component and bone. No lucency between the femoral component and bone or patellar component and bone.

No fracture seen.

The transepicondylar axis diverges medially 6 degrees consistent with some external rotation of the femoral component.

Small, expected amount of effusion in the suprapatellar pouch. No popliteal cyst.

**IMPRESSION:**

1. Focal lucency and coarsening of the trabecular pattern posterior medial proximal tibia adjacent to the tibial component as described above concerning for focal loosening of the tibial component.
2. Medially diverting transepicondylar axis 6 degrees consistent with some external

REICHERT, BRYAN KENT  
1124 E ELIZABETH ST  
FT COLLINS, CO 80524-4052

Page 1 of 2

Printed: 1/4/2018 08:51 MS

Report Request ID: 271634409



**Banner Health**

Patient: CALBART, ERNIE

MR#: 68753

DOB: 10/7/1962

Sex: Male

**COMPUTED TOMOGRAPHY**

CT Lower Extremity W/+W/O Lt

Exam Date/Time  
12/29/2017 13:16 MST

Accession Number:  
72-CT-17-0004468

**Report:**

rotation of the femoral component.

Thank you for this referral. This examination was interpreted by a fellowship trained Musculoskeletal radiologist. If the patients healthcare provider has questions, a Musculoskeletal radiologist can be reached at 303-446-3223.

SLOT25

\*\*\*\*\* Final Report \*\*\*\*\*

Dictated Date/Time: 01/04/18 08:42 am MST  
Signature Date: 01/04/2018 :JCR

Interpreted By: ROTH MD, JOHN C  
Signed By: ROTH MD, JOHN C  
Electronically Signed

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CALBART, V. Zimmer Inc

## NM Bone Scan 3 Phase

Denver Health Hospital Authority

Calbart, Ernie Lee

MRN: 0112247

Adm 10/27/2017

Status: Final result

### PACS Images

Show images for NM Bone Scan 3 Phase

### Study Result

INDICATION: Question possible component loosening? ON the R TKA xray there is some lucency around femoral component. Bilateral knee pain

STUDY: NM BONE IMAGING 3 PHASE

COMPARISON: None.

EXAMINATION: Technetium 99m MDP 3 phase bone scan (22.5) mCi IV.

PROCEDURE: The radiopharmaceutical was injected and dynamic images were obtained for approximately 1 minute of the knees. 5 to 10 minutes later, immediate blood pool images were obtained of the same area. Approximately 4 hours later, imaging was obtained the bilateral knees.

FINDINGS: The initial dynamic phase imaging is normal on the right. There is slightly increased activity in the medial tibial plateau of the left knee.

Immediate phase imaging shows increased focal activity in the region of the medial plateau of the left knee. Photopenia is seen around the bilateral knee prostheses.

Delayed imaging shows increased uptake around all 3 components of the right knee prosthesis greatest around the femoral component. This is compatible with a degree of loosening.

On the left there continues to be intense focal uptake in the medial tibial plateau posteriorly. Minimally increased activity is noted around the femoral and patellar components.

#### IMPRESSION:

Delayed phase increased uptake around the right knee prosthesis components most evident around the femoral component. This would be consistent with resorptive change and some degree of prosthesis loosening.

Of note, however, there is increased activity in all 3 phases in the region of the medial left tibial plateau. This should be assessed for a reactive process and consideration could be made to further imaging by CT with metal artifact reduction. This could indicate a stress fracture or potentially a focal inflammatory process.

### Result History

NM Bone Scan 3 Phase (Order #41776170) on 10/27/2017 - Order Result History Report

### Signature and Attestation

I have reviewed the images and this is my interpretation. Electronically signed by Linda M Miketic-Fielding, MD on 10/27/2017 1:21 PM.

### Radiologist Contact Info

Signed	Date/Time	Phone	Pager
--------	-----------	-------	-------

11/17/2017

CASE NO

Denver Health's EpicCare Link

Signed

Calbart, V. Zimmer Inc

Date/Time

Phone

Pager

MIKETIC-FIELDING, LINDA M

10/27/2017 13:21

303-602-4113

303-208-8226

### Exam Information

Status	Technologist	Exam Begun	Exam Ended
Final [99]	JEFFREY ZIELINSKI [JZIELINS]	10/27/2017 09:00	10/27/2017 12:35

### External Results Report

Open External Results Report

### Encounter

View Encounter

### ECG Results

None

Denver Health Hospital Authority

Calbart, Ernie Lee

MRN: 0112247

Adm 10/27/2017

### Order Report

NM Bone Scan 3 Phase (Order #41776170) on 10/27/17

### Reprint Order Requisition

NM Bone Scan 3 Phase (Order #41776170) on 10/27/17

Calbart, Ernie Lee (MR # 0112247) Printed by Nicole Wilson [NWILSON99] at 11/17/17 10:19 AM



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CALBART V. ZIMMER INC

10/27/2017

# Nuclear Medicine Bone Scan 30

Denver Health Hospital Authority

Calbart, Ernie Lee

MRN: 0112247

Adm 10/27/2017

Ernie Lee Calbart | MRN: 0112247

Communicate

Ask a Question

## Patient Demographics and Encounter Information

### Patient Information

Patient Name	Sex	DOB Age	SSN
Calbart, Ernie Lee	Male	10/7/1962 (55 y.o.)	xxx-xx-6508

**Hospital Account# 1004876566**

Payor	Plan
CORRECTIONAL HEALTH PARTNERS	COLORADO DEPARTMENT OF CORRECTIONS

### ED Chart Summary

No orders placed in this admission or its related encounters.

### Discharge Summary Note

Discharge Summary

### Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
		Elective	10/27/17 0833
Discharge Date	Hospital Service	Auth/Cert Status	Service Area
10/27/17			DENVER HEALTH
Unit	Room/Bed	Admission Status	
DH PAV A RAD NUC MED		Hospital Outpatient Visit (Completed)	303-602-1590
Procedure			

### ADT Events

Unit	Room	Bed	Service	Event
10/27/17 0833 Denver Health Pavillion A Nuclear Medicine				Hospital Outpatient
10/27/17 2359 Denver Health Pavillion A Nuclear Medicine				Discharge

### Treatment Team

No orders placed in this admission or its related encounters.

## Documentation and Orders

Allergies as of 10/27/2017

Reviewed On: 9/25/2017 By: Brandi Fresquez, HCP

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	Severity	Noted	Reaction Type	Reactions
Lisinopril	Not Specified	09/25/2017		
Naproxen	Not Specified	09/25/2017		
Promethazine	Not Specified	09/25/2017		
Sulfamethoxazole	Not Specified	09/25/2017		

**H&P Notes**

H&amp;P Notes

**Procedure Notes**

Procedure Notes

**Consult Notes**

Consult Notes

**Note Information**

No notes recorded in this admission.

**All Flowsheet Templates (all recorded)**

None

**Order Information**

No orders placed in this admission or its related encounters.

**MAR History by Date Range**

All administrations

No administration data available

**Isolation**

No Isolation

**Care Plan**

Care Plan Report

**Patient Education**

Patient Education Report

**Documents on File**

	Status	Date Received	Description
<b>Documents for the Patient</b>			
HIM ROI Authorization		08/31/16	AUTHORIZATION FOR ROI
HIM ROI Authorization		09/14/16	AUTHORIZATION FOR ROI - REQUEST FULFILLED ON 9/8/16 BUT SCANNED LTR FROM PT.

**OUTSIDE RECORD**

PROFESSIONAL

CORRESPONDENCE

PROFESSIONAL

CORRESPONDENCE

HIM ROI Authorization

01/25/17

Fennemore Craig PC

HIM ROI Authorization

05/30/17

11-11-CV-05468	Status	Date Received	Description
Advance Directives and Living Will	Not Received		
Power of Attorney	Not Received		
HIPAA Notice of Privacy	Not Received	09/25/17	
PHOTO ID			
INSURANCE CARD	Not Received	09/25/17	
CONSENT FOR ELECTRONIC COMMUNICATIONS DH			
PROOF OF ADDRESS	Not Received		
CONSENT FOR E-COMMUNICATIONS-SPAN DH			
Outpatient General Consent for Treatment	Unable to Obtain	09/25/17	
PHYSICIAN OFFICE	Not Received		
CONSENT TO TREAT-SPAN			
PHYSICIAN OFFICE	Not Received		
CONSENT TO TREAT-RUSS			
NOTICE OF PRIVACY PRACTICES-SPAN	Not Received	09/25/17	
NOTICE OF PRIVACY PRACTICES-RUSS	Not Received		
HIM ROI Authorization		09/15/17	AUTHORIZATION FOR ROI
Historical Documents for ROI			
Historical Documents for ROI			
OUTSIDE RECORD Documents for the Encounter			
Medicare IMM	Not Received		
HOSPITAL CONSENT TO TREAT	Not Received		
HOSPITAL CONSENT TO TREAT-RUSSIAN	Not Received		
HOSPITAL CONSENT TO TREAT-SPAN	Not Received		
SICKNESS AND INJURY FORM			

## Discharge Documentation and Orders



## Printed After Visit Summary Reports

No AVS Snapshots are available for this encounter.

## Discharge Medications

Discharge Medications: Frozen at Time of Last AVS Print

## Scanned Information

### Patient-Level Documents:

OUTSIDE RECORD - Scan on 10/28/2017 4:25 PM

Historical Documents for ROI - Scan on 9/19/2017 10:42 AM

Historical Documents for ROI - Scan on 9/19/2017 10:34 AM

HIM ROI Authorization - Scan on 9/15/2017 10:01 AM : AUTHORIZATION FOR ROI

HIM ROI Authorization - Scan on 5/30/2017 9:41 AM

HIM ROI Authorization - Scan on 1/25/2017 9:52 AM : Fennemore Craig PC

PROFESSIONAL CORRESPONDENCE - Scan on 9/20/2016 3:43 PM

PROFESSIONAL CORRESPONDENCE - Scan on 9/20/2016 3:43 PM

OUTSIDE RECORD - Scan on 9/20/2016 3:41 PM

HIM ROI Authorization - Scan on 9/14/2016 10:39 AM : AUTHORIZATION FOR ROI - REQUEST FULFILLED ON 9/8/16 BUT SCANNED LTR FROM PT.

HIM ROI Authorization - Scan on 8/31/2016 11:35 AM : AUTHORIZATION FOR ROI

Calbart, Ernie Lee (MR # 0112247) Printed by Nicole Wilson [NWILSON99] at 11/17/17 10:15 AM



ERNE CALBART  
85180  
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Sterling Colo 80751



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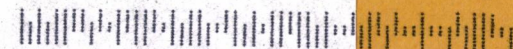
03/18/2019-18

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Chicago Illinois 60604

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